

RURAL DISTRICT OF WADEBRIDGE

---

**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

FOR THE

**Year Ending 31st December, 1951**

---



RURAL DISTRICT OF WADEBRIDGE

---

**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

For

**Year ending 31st December, 1951**

---

**PUBLIC HEALTH STAFF:**

**Medical Officer of Health:**

J. REED, M.B., Ch.B., B.Sc., D.P.H.

**Surveyor and Sanitary Inspector:**

A. E. BEWES, M.I.M. & C.E., A.M.I.S.E.

**Additional Sanitary Inspector:**

R. NAPIER SPEIRS, M.R.San.A., M.S.I.A., R.P.

**Mr. Chairman and Councillors,**

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1951.

The year was marked not so much by change, as by the failure of expected changes to materialise. I refer of course to the problem of sanitary inspection. The alterations in staff designed to facilitate the sanitary inspector's work were not significantly effective. I find this particularly discouraging in view of the practical evidence of need for sanitary supervision produced in the past year or so. The outbreak of food-poisoning in Port Isaac was an excellent opportunity for enquiry into the hygienic standards of food handlers throughout the district, but the catering establishments, so extensively used during the summer months received no attention from the department. The heavy infestation rate of roundworm in Edmuntton stimulated no endeavour to remedy and the survey of Rumford stream, with its direct faecal pollution continues, in spite of the fact that it is now realised that water is taken from the stream to supply the R.N.A.S., St. Merryn.

Reference to streams encourages me to make the observation that most streams in the Rural District suffer extensively from pollution in one form or another and call forth complaint in successive years, particularly in summer months. The most obvious sources of complaint are in those streams which approach the sea across a sandy beach, or which pass through a built-up area where the stream becomes little more than an open sewer. These means of sewage and refuse disposal may have been reasonable many years ago before the district became so regularly swollen with holiday-makers. The capacity of these disposal systems, like the streams themselves is limited, and the overflow becomes progressively more obvious year by year. It has been demonstrated that pathogenic organisms can be isolated from one stream in the Area; a possibility quite likely in others. It would appear to be more by good fortune than vigilance that we hear so little of illness directly attributed to such conditions. The need for altered sanitary circumstances is abundantly evident, and it is hoped that the implementation of the De Lank water scheme will facilitate these changes.

I should like to express my thanks to the Council for their help during the year.

I beg to remain,

Your obedient servant,

**JOHN REED,**

Medical Officer of Health.

# 1. STATISTICS.

## General Statistics.

Area in Acres	...	88,064
Estimated mid year population	...	16,010
Number of inhabited houses	...	4,720
Rateable value	...	£71,386
Product of penny rate	...	£303.1.5d.
Comparability Factor		
(a) deaths	...	0.89
(b) births	...	1.13

## Vital Statistics.

### Live Births.

TABLE I.  
Number of Registered Live Births 1951.

		Male	Female	Total
Legitimate	...	83	113	196
Illegitimate	...	5	2	7
		—	—	—
Total	...	88	115	203
Birth Rate per 1,000 population				12.6
Birth Rate per 1,000 population England & Wales				15.5

### Still Births.

TABLE II.  
Number of Registered Still Births 1951.

		Male	Female	Total
Legitimate	...	1	3	4
Illegitimate	...	—	1	1
		—	—	—
Total	...	1	4	5
Still birth rate per 1,000 population				0.31
Still birth rate per 1,000 population England & Wales				0.36

### Infant Mortality.

TABLE III.  
Number of Infant Deaths 1951.

		Male	Female	Total
Legitimate	...	4	4	8
Illegitimate	...	—	—	—
		—	—	—
Total	...	4	4	8

Infant Mortality per 1,000 Live Births	=	39.4
Infant Mortality per 1,000 Live Births England & Wales	=	29.6



**Deaths.**

## Number of Registered Deaths 1951.

	Male	Female	Total
	90	105	195
Crude Death Rate per 1,000 population		=	12.18
Death Rate England & Wales per 1,000 population		=	12.5

TABLE IV.

## Distribution of Deaths by Diseases.

	Male	Female	Total
Heart Disease ...	33	45	78
Diseases of Intracranial Vessels ...	11	19	30
Other Circulatory Diseases ...	3	7	10
Respiratory Diseases (excluding tuberculosis)	11	11	22
Diseases of Urinary System ...	5	2	7
Suicide, accident or violence ...	6	1	7
Cancer ...	11	6	17
All other Causes ...	10	14	24
	90	105	195

TABLE V.

## Distribution of Ages at Death.

	Male	Female	Total.
0—1 month ...	1	3	4
1 month—1 year ...	3	1	4
1 year—10 years ...	3	—	3
11—20 ...	1	1	2
21—40 ...	5	2	7
41—60 ...	9	11	20
61—70 ...	20	20	40
71—80 ...	26	36	62
81—90 ...	22	25	47
90 and over ...	—	6	6
	90	105	195

## II. GENERAL PROVISION OF HEALTH SERVICES.

### **Hospital and Maternity Accommodation.**

No changes occurred in hospital services in the Area during 1951. The ante-natal and gynaecological clinic commenced late in 1950 has fully justified its establishment. The staff obviously work under cramped and relatively unsuitable conditions, but the best use is made of the premises available. All other major Specialist clinics were available at the East Cornwall Hospital, Bodmin, with the exception of a Skin Department.

Laboratory services were obtained from the Royal Cornwall Infirmary, Truro, supplemented in particular instances by the Public Health Laboratory Service at Exeter.

### **COUNTY COUNCIL SERVICES.**

#### **Ambulance and Hospital Car Services.**

The service gave adequate cover within the framework of the County's provisions throughout the year. The utility placed in Wadebridge was fully occupied with the transport of sitting cases and justified its establishment. The County Council's decision to allow transport on medical grounds only, though necessary in the interests of economy creates particular hardship in this rural area where public transport is so limited. A visit to the hospital, particularly where Truro is involved, frequently necessitates a period of twelve hours for the return journey which, for the sick, must be a trying experience. Financial hardship is met theoretically by application to the National Assistance Board, a process which can hardly be regarded as an incentive for hospital treatment for the poorer members of the population.

#### **Maternal and Child Welfare.**

(a) **Infant Welfare Centre.** The centre in Wadebridge continued to be held fortnightly. The average attendance during 1951 being 28. The services provided are essentially educational, together with immunisation and vaccination.

(b) **Ante-natal Clinic.** A Midwives' clinic was held fortnightly primarily for educational purposes.

#### **Prevention of Illness, Care and After-Care**

**Tuberculosis.** All notified cases of tuberculosis were visited throughout the year. No County Council grants of additional food-stuffs were made.

**Problem Families.** A Committee of Statutory and Voluntary bodies interested in this subject was formed at the request of the County Council. The majority of such families have been reviewed but little positive improvement is possible without funds. The Local Authority have some responsibility in this matter so far as living accommodation is concerned, either in securing cleanliness of premises and individuals (Section 83—85 Public Health Act, 1936), or providing suitable alternative accommodation. The latter cannot, however, be separated from the difficult problems in re-housing the many other needy families in the Area.

**Care of Aged and Infirm.** A similar Committee was established to encourage local assistance for individuals in this category. It was found that neighbourly supervision was usually available. The persons requiring most help are those of whom the general population are unaware, living in isolated dwellings. In these instances the need is usually acute and most difficult to obtain since institutional care of one kind or another is generally required.

**Diphtheria Immunisation.** The trend reported in 1950 of a failure to obtain a sufficient number of children immunised showed little change in 1951. Only 106 of 219 infants born in 1950 were actually protected, a proportion of 49 per cent. Just over half of the children under five years of age living in the Rural District have been immunised, a proportion considerably below that considered adequate for the complete eradication of diphtheria.

**Vaccination.** Primary vaccination was completed on 53 children under one year of age, approximately one-third of the number eligible. The proportion is again insufficient for the procedure to be of real value to the community, though some benefit may be conferred on the individual vaccinated. The maximum benefit of such a prophylactic procedure as vaccination can only be secured if all individuals are protected and protection maintained at appropriate intervals.

## **School Health Service.**

**Premises.** Improvement in sanitary provisions at Wadebridge Boys' School was carried out during the year. A new school Canteen was established in Wadebridge which is a vast improvement on the previous arrangements. Apart from these, no structural changes were carried out to the schools in the Rural District.

**Pupils.** 644 pupils were examined on routine inspection. Only



ten were classified as of poor general condition, a proportion similar to that of 1950. Approximately 550 examinations were made concerning defects previously observed.

**Milk and Canteen Facilities.** These were generally satisfactorily provided except that in three schools no reliable source of liquid milk was available and in three schools there were no canteen facilities.

### III. SANITARY CIRCUMSTANCES.

#### Water Supplies.

The sources of water supplies remained the same during 1951 and little information can be added to the Report of 1950. Fortunately progress is being made with the Wadebridge De Lank scheme and it appears likely that this will materialise in the not far distant future.

TABLE VI.  
Distribution of Piped Water Supplies.

Authority	Parish		No. of Population (approx.)	No. of Dwelling Houses
North Cornwall	St. Minver Lowlands	...	800	350
Joint Water	St. Minver Highlands	...	1,200	440
Board	St. Endellion	...	1,250	500
	St. Kew	...	850	283
Wadebridge	Wadebridge	...	—	—
R.D.C.	Egloshayle	...	2,500	815
Bodmin Water	Helland	...	—	4
Company				

The Statutory supplies were supplemented in parishes without piped water by bore holes supplying groups of new Council houses. Seven of these were constructed and have provided satisfactory water to date both in quality and quantity.

#### North Cornwall Joint Water Board.

Sampling continued throughout the year. The improved quality of the water secured in 1950 was maintained.

#### Wadebridge R.D.C.

Sampling of this supply continued throughout the year and the results followed much the same pattern as those in 1950. Coliform

bacilli were persistently present and occasionally considerable numbers of faecal coli appeared. Considering the nature of the source and the absence of treatment the advice must still remain that, for safety, the water should be boiled for drinking purposes.

### **Bodmin Water Company.**

The source is used only for a few buildings in the parish of Helland, including the school. The unreliable bacterial content called for similar advice regarding boiling before drinking.

### **Other Supplies.**

Public wells were not subject to routine inspection as is desirable. Complaint in some instances was brought by the County Council's Sanitary Inspector who supervises school water supplies, and where these coincide with a public source information is made available concerning the quality. In general, these supplies are unreliable, the standards of well construction and protection being far below that required to prevent pollution. Where such pollution was reported during the year, some attempt was made to remedy the defect.

### **Sewerage.**

No sewerage extensions or schemes were carried out during 1951. Preparation of schemes was continued in the parishes of St. Merryn and Lanivet.

### **Refuse Collection.**

Some improvement in the standard of refuse disposal was achieved in 1951 on the extended portion of the tip at Wadebridge, although sterilisation was secured by an almost continuous smouldering of the open end. Fortunately this gave rise to little complaint, but such a procedure is not generally regarded as constituting adequate site control. The other defective aspect of refuse disposal relates to the standard of household containers. Much could be achieved by the Council's insistence of containers of proper construction with well fitting lids.

### **Camping Sites.**

Considerable improvement was obtained in the Licensed Camping Sites which numbered 5 in 1951. The Licensed owners co-operated willingly in establishing the standards made by the Council and for the first time no reasonable complaint was observed. Extension of this type of holiday, and even permanent, accommodation is obvious

throughout the area, and where sites are being constantly used the Council's standards, which are by no means elaborate or unreasonable, should be insisted upon.

## Sanitary Inspection.

### Summary of Visits

Nuisances	...	16
Housing Inspections	...	10
Food and Drugs	...	28
Factories & Work Shops	...	21
Refuse Disposal	...	1
Camp Sites	...	17
Water Supplies	...	40
Drain Tests	...	50
Milk Samples	...	12
Infectious Diseases	...	2
Others	...	77
		<hr/>
		274
		<hr/>

## IV. HOUSING.

During 1951, 64 new dwellings were completed and a further 36 were under construction. However creditable this may be it is obvious that the provision of suitable accommodation for the inhabitants of the Rural District will take many, many years, if in fact this can be achieved at the present rate of progress. The uncompleted rural housing survey classified 337 houses to be unfit for human habitation (Group 5) and a further 675 (Group 4) which may be appropriate for re-conditioning, but which are doubtless deteriorating to Group 5 as a result of poor maintenance. It was unfortunate, too, that the occupation of the 64 dwelling houses completed allowed no opportunity for terminating habitation in any of these houses in Group 5.

## V. FACTORIES AND WORKSHOPS.

The Factories and Workshops in the immediate vicinity of Wadebridge were inspected at the beginning of the year. In some the sanitary provisions were primitive in the extreme, but improvement was secured in the worst cases. On the other hand it may be reported that in other factories the standards were comparatively good.



## VI. FOOD AND DRUGS.

One new Registration for pre-packed ice-cream was made during the year. No samples were submitted to the Laboratory.

### Slaughter of Animals.

TABLE VII.

Carcasses Inspected and Condemned.

Cattle excluding

	Cows.	Cows.	Calves.	Sheep	Pigs.
Number Killed	1,508		1,699	2,738	374
Number Inspected	1,508		1,699	2,738	374

#### All diseases except

##### Tuberculosis

Whole Carcasses

condemned	20	18	26	60	22
-----------	----	----	----	----	----

Part Carcasses	380	1	4	148	25
----------------	-----	---	---	-----	----

#### Tuberculosis Only

Whole Carcasses

condemned	12	27	—	1	1
-----------	----	----	---	---	---

Part Carcasses	78	1	—	—	—
----------------	----	---	---	---	---

The slaughter-house continued to be used during 1951 on an increased scale. The remarks in my last report appear to have been borne out, i.e. that recent additions to the slaughter-house had merely facilitated slaughtering in premises entirely unsuitable for the purpose. Two authorities are capable of preventing further use of these premises. They are the Council and the Ministry of Food. Neither seem eager to take the necessary step in spite of a full knowledge of the condition of the premises.

### Milk and Dairy Regulations, 1949.

**Inspection of Dairies.** Registered premises were not visited during the year.

**Section 49.** Enquiry yielded information that approximately two thirds of the milk supplied to consumers was bottled. A considerable proportion of the remainder was supplied direct from the producer in the consumers own container. At present there are many obstacles to the enforcement of milk bottling but the enquiry in itself stimulated some improvement and co-operation from some retailers not already bottling milk.



### Food and Drug Samples.

The County Council's Inspectors submitted 59 milk samples during the year from the Rural District. Adulteration was reported in 5. Twenty-five samples of other food stuffs were submitted and all were found to be genuine.

## VII. PREVALENCE & CONTROL OF INFECTIOUS DISEASES.

TABLE VIII.

### Notified Infectious Diseases, Excluding Tuberculosis, 1951.

Measles	...	250
Whooping cough	...	22
Scarlet Fever	...	9
Acute Primary Pneumonia	...	9
Food Poisoning	...	9
Acute Influenzal Pneumonia	...	3
Acute Rheumatism	...	1
Erysipelas	...	1
Malaria	...	2
Puerperal Pyrexia	...	1
		<hr/>
		307
		<hr/>

The District, in common with the rest of the County, was involved in a considerable outbreak of measles, with the maximum incidence in the summer months. Gamma globulin was secured for use in two contacts and proved effective in protection. There was a general reduction in the number of other infectious diseases notified. Whooping cough continued to head the list of infectious diseases continually present, and we still await some active step to be taken regarding its prevention. There were no notified cases of acute poliomyelitis or diphtheria during the year.

### Food Poisoning.

Following the comparatively large number of cases of food poisoning notified from the Port Isaac District in 1950, the Director

of the Public Health Laboratory Service, Exeter, suggested that a survey of the Area for *Salmonella Typhi Murium* (the infecting organism) might be of value. The survey was first limited to the examination of swabs placed in sewers and streams to determine whether a persistent source of organisms could be found. No such source was encountered but from three points organisms of interest were isolated on separate occasions. *Salmonella Typhi Murium* was found in one instance from a group of boarding houses, presumably from a temporary resident. *S. St. Paul*, a rare member of the group, was found on two occasions and traced to a single group of cottages. Individual specimens from occupants were negative and the individual excretor could not be found. *S. Para Typhi* was isolated on one occasion, again from a group of boarding houses. It was also observed that during May and June large numbers of sea gulls eggs were consumed by the inhabitants of the area and since duck eggs are a common source of *Salmonellae*, it was felt that these might also be involved. Two batches of 20 eggs submitted during 1952, however, proved to be negative. Rats from the vicinity of the streams were also submitted but no pathogenic organisms were isolated.

The investigations throw no light upon the primary source of the outbreak in 1950, but provided useful experience in this type of technique and aroused considerable interest in the finding of at least one unusual organism in the area. Failure was not altogether unexpected since it was the impression that food poisoning was far more widely disseminated at the time, but Port Isaac was the area from which notifications were received and was naturally the parish upon which attention had to be focussed.

### **Round Worm Infestation.**

During the year, following the isolation of persistent round worm infestation in one child in Edmunton, a survey of all the children under 10 years of age in the hamlet was made for the parasite. Sixteen children were investigated and all were found to be heavily infested. Subsequently other sources of *ascaris* infestation have been identified, always in situations with meagre sanitary provision and water supplies. The usual indices of sanitary circumstances of an area are the infant mortality rate and the T.B death rate. To these might well be added in a Rural District the 'round worm infestation rate' for the parasite abounds in the environment of earth closets, polluted water supplies, bad houses, over crowding and squalor.

Such enquiries add weight in a practical sense to the already

recognised need for improvement in sanitary circumstances throughout the Rural District.

## Tuberculosis.

TABLE IX.

		Pulmonary		Non-Pulmonary		Total.
		Males	Females	Males	Females	
Notified Cases at 1.1.51	...	30	11	2	8	51
New Notifications, 1951	...	4	4	1	2	11
Transfers to R.D.	...	3	4	—	1	8
Total Entries	...	37	19	3	11	70
Discharges	...	2	—	—	1	3
Deaths	...	—	—	—	1	1
Removals from R.D.	...	2	4	1	—	7
Total Removed						
from Register	...	4	4	1	2	11
Remaining cases 31.12.51	...	33	15	2	9	59

New notifications of tuberculosis showed an increase of one pulmonary and three non-pulmonary over 1950. During the year the scheme for protecting individuals with a particular risk of infection was introduced, and by the end of the year all families in contact, with the exception of two refusals, had been tuberculin tested. Nine tuberculin negative contacts received B.C.G. vaccination, nine remained to be vaccinated of whom three refused inoculation. No statutory action was taken against any person suffering from tuberculosis.

## APPENDIX I.

## WATER SAMPLES, 1951.

North Cornwall Joint Water Board Supply.

Date	Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
3. 1.51	...	8
10. 1.51	...	3
7. 2.51	...	1
14. 2.51	...	0
21. 2.51	...	13
14. 3.51	...	0
4. 4.51	...	0
18. 4.51	...	1
2. 5.51	...	1
6. 6.51	...	0
26. 9.51	...	0
10.10.51	...	3
31.10.51	...	17
5.12.51	...	0



## APPENDIX II.

## WATER SAMPLES, 1951.

## Wadebridge Supply.

Date	Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
3. 1.51	... 160	0
10. 1.51	... 180+	0
17. 1.51	... 17	0
7. 2.51	... 90	1
14. 2.51	... 5	0
21. 2.51	... 90	1
28. 2.51	... 0	0
14. 3.51	... 180+	3
4. 4.51	... 5	0
11. 4.51	... 17	0
18. 4.51	... 8	0
2. 5.51	... 90	25
6. 6.51	... 0	0
11. 7.51	... 11	0
18. 7.51	... 0	0
15. 8.51	... 0	0
26. 9.51	... 35	3
3.10.51	... 8	0
10.10.51	... 0	0
31.10.51	... 180+	180+
14.11.51	... 35	0
21.11.51	... 30	2
5.12.51	... 50	5





